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Bib Data Sheet

CONFIRMATION NO. 5018

- SERIAL NUMBER 10/786,511	FILING DATE 02/25/2004 RULE	CLASS 365	GROUP ART UNIT 2827	ATTORNEY DOCKET NO. A0312.70522US00
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APPLICANTS

Richard P. Schubert, Medfield, MA;

** CONTINUING DATA

*****None******dc*

** FOREIGN APPLICATIONS

*****None******dc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

Jamie H. Rose
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, MA
02210

TITLE

Memory cell testing feature

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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